

PART B - FEE(S) TRANSMITTAL

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7590 08/2007

DAVID E. FRANKLIN
 FROST BROWN TODD LLC
 2200 PNC CENTER
 201 EAST FIFTH STREET
 CINCINNATI, OH 45202

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/675,497	09/30/2003	Mark S. Ortiz	END5135-0516315	4557

TITLE OF INVENTION: SINGLE LUMEN ANASTOMOSIS APPLIER FOR SELF-DEPLOYING FASTENER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO*	\$1400	\$300	\$0	\$1700	11/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
RYCKMAN, MELISSA K.	3734	606-153000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternately, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Frost Brown Todd, LLC
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	2. _____	2. _____
<input type="checkbox"/> "Fee Address" (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3. _____	3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ethicon Endo-Surgery, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cincinnati, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first resupply any previously paid issue fee shown above)

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____



Date November 07, 2007

Typed or printed name _____

Andrew B. Ulmer

Registration No. 57,003

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